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PTO/SB/50 (08-00)

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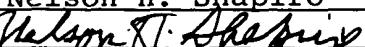
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## DIVISIONAL REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No.  XA-7889B Re	First Named Inventor  Kenji NISHI
		Original Patent Number  5,477,304	Original Patent Issue Date (Month/Day/Year)  12/19/95
		Express Mail Label No.  	
APPLICATION FOR REISSUE OF: (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)		7. <input checked="" type="checkbox"/> See Preliminary Amendment Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender  <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))		12. <input checked="" type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)		14. Other: ..continuation..data sheet.....	

### 15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label  <small>(Insert Customer No. or Attach Bar Code Label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below			
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NAME (Print/Type)	Nelson H. Shapiro	Registration No. (Attorney/Agent)	17,095
Signature		Date	February 9, 2001

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
XA-7889B Re

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 34	Total Claims (37 CFR 1.16(j))	(B) 7	**** 0 =	x \$ ____ =	0	or	x \$ ____ = 0.00
(C) 9	Independent claims (37 CFR 1.16(j))	(D) 7	* 0 =	x \$ ____ =	0		x \$ ____ = 0.00
							\$ _____
Basic Fee (37 CFR 1.16(h)) \$ _____						OR	\$ 710.00
Total Filing Fee \$ _____							

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee \$ _____							OR	\$ _____

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 22-0585. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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February 9, 2001  
Date

  
Signature of Applicant, Attorney or Agent of Record

Nelson H. Shapiro  
Typed or printed name  
Reg. No. 17,095

CONTINUATION DATA SHEET

jc872 U.S. PTO  
09/79686  
02/09/01  


This divisional reissue application is a division of application No. 08/994,758 filed December 19, 1997 which is a Reissue of U.S. Patent No. 5,477,304 issued December 19, 1995 which is a continuation of Application No. 08/139,803 filed October 22, 1993 (abandoned)